

2004 Clean Watersheds Needs Survey
State Water Resources Control Board - Division of Financial Assistance
Storm Water Treatment Systems

Authority Name: _____
Authority Address: _____ RWQCB Region: _____
City: _____ State: _____ Zip: _____ - _____ County: _____
Contact Person: _____ Title: _____
Phone: _____ Fax: _____ E-mail: _____

System Name: _____
System Location Address (if different/applicable): _____
Latitude/longitude information for the system should be based on the location of a treatment system or the centroid of the area treated.
Latitude: _____ ° ' " Longitude: _____ ° ' " Datum: _____ Description: _____
Congressional District #: _____ Watershed Name: _____ Watershed Number: _____
NPDES Permit # (if applicable): _____ NPDES Type: _____

Type of Facility (Circle one):

Large MS4 (Population > 250,000) Medium MS4 (Population = 100,000 – 250,000) Small MS4 (Population < 100,000)

Proposed Facility Projects (Please circle all that apply):

a) No Change b) New c) Abandon d) Increase Capacity e) Increase Level of Treatment
f) Rehabilitation g) Replacement h) Process Improvement i) Instrumentation/Electrical/Lab

Project Information:

Please complete this section (make additional copies if you need) for each project with an existing water quality problem as of January 1, 2004. Each project must have documented engineer's project costs, which must be submitted with this survey.

Project Name: _____

Documentation Title: _____

Engineer's Project Cost: \$ _____ Document Page Number(s): _____

Project Name: _____

Documentation Title: _____

Engineer's Project Cost: \$ _____ Document Page Number(s): _____

Please identify any other systems by the name of the authority (treatment, collection, recycling, etc.) connected to your system that are operated independently of your facility, so we can better understand the complexity of your system: _____

If you have any questions, please contact:

Jeffrey Albrecht
(916) 341-5717
albrechj@swrcb.ca.gov
<http://www.swrcb.ca.gov/funding/2004CWNS/index.html>

Return completed survey form and supporting documentation to:

State Water Resources Control Board
Division of Financial Assistance – 2004 CWNS
P.O. Box 944212
Sacramento, CA 94244-2120